

LI30000024228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

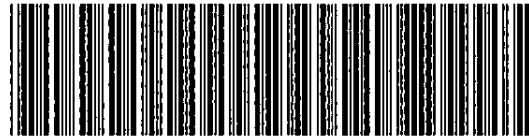
Certified Copies _____ Certificates of Status _____

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C. McLEOD



600242241846

12/13/12--01003--007 **160.00

Eff date: 12/10/12
Called 2/12 - waiting on reply

RECEIVED
12 DEC 10 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAE'S CONSULTING, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAE POOLE
Name of Person

RAE'S CONSULTING LLC
Firm/Company

4927 King Palm Circle
Address

Boynton Beach, FL 33436
City/State and Zip Code

RAESCONSULTING@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAE POOLE at (561) 777-4269
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAE GINA'S
~~POOLE~~ CONSULTING, LLC (CRP)

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

701 NE 3RD AVE
DELRAY BEACH, FL.
33444

Mailing Address:

4927 King Palm Cir.
BOYNTON BEACH, FL.
33436

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RAE POOLE
Name
4927 King Palm Circle
Florida street address (P.O. Box **NOT** acceptable)
BOYNTON BEACH FL 33436
City, State, and Zip

FILED
12 DEC 10 PM 12:01
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Rae Poole
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

RAE Poole

4927 King Palm Cir.

Boynton Beach, FL 33436

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-10-12 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Rae Poole

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RAE Poole

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2/14/13

CORPORATE DETAIL RECORD SCREEN

1:44 PM

NUMBER: W12000064951

REJECTED FILING

REJ: 12/14/2012

NAME : REA'S CONSULTING, LLC

SUBMIT BY: RAE POOLE

ADDRESS : 4927 KING PALM CIR
BOYNTON BEACH, FL 33436

USER ID : GMCLEOD

Client wants this date

Call if they're any questions 601-777-4269
-Rae-

1. MENU

ENTER SELECTION AND CR:

Gina